|- 2|-10 PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL . LE

Mail Stop ISSUE . LE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26308

7590

10/21/2009

RYAN KROMHOLZ & MANION, S.C. POST OFFICE BOX 26618 MILWAUKEE, WI 53226



CERTIFICATION UNDER 37 C.F.R. 1.10*

I hereby certify that this correspondence is being deposited with the United States Postal Service on this 20 January 2010, in an envelope as 'Express Mail Post Office to Addressee' mailing Label Number EM303179275, addressed as follows: Mail Stop Issue Fee, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Judith Dunaway
(type or print name of person mailing paper)
Signature pl person mailing paper

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/531.598	11/25/2005		Anders Pettersson	01/21/2010 SD	E946082 ⁰ 83468188 1	9531598 ³⁶⁷⁷	
TTLE OF INVENTION	: GASTRIC ACID SECI	RETION INHIBITING C	OMPOSITION -,	01 FC:1501 02 FC:1504		1510.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/21/2010	
EXAMINER .		ART UNIT	CLASS-SUBCLASS]			
YOUNG, MICAH PAUL		1618	424-471000	-			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is				
PLEASE NOTE: Un recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	THE PATENT (print or ty) data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CIT)	atent. If an assignee is id assignment.		ocument has been filed f	
(A) NAME OF ASSI				and STATE OR COUNT			
OREXO	AB	•	Uppsala, Sweden				
lease check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛣 Corporati	on or other private gro	up entity Governme	
Issue Fee Dublication Fee (No small entity discount permitted)			b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) \(\begin{align*} \Lambda \text{ check is enclosed.} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Advance Order - # of Copies			overpayment, to Depo	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2360 (enclose an extra copy of this form).			
a. Applicant claim	tus (from status indicates s SMALL ENTITY statu	as. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United S	uired) will not be accepte tes Patent and Trademar	ed from anyone other than the office.	the applicant; a registered :	attomey or agent; or th	e assignee or other party	
Authorized Signature	<u> </u>	July_	·	Date2	0 January 20	10	
Typed or printed name <u>Daniel D. Ryan</u>			Registration No. 29,243				
Mickanoria, virginia 22.	13-1420.	•	ion is required to obtain or 1.14. This collection is es y depending upon the indine Chief Information Offic COMPLETED FORMS Tespond to a collection of in				